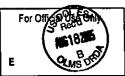
US Department of Labor
fice of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E QUE TE	
1 File Number U - 9789	2 Fiscal Year Covered From
	1/1/204 Through 12/51/2004
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name Patricia G Sanchez	Name Office & Professional Employees international
_	Labor Organization File Number 29 016 408
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, if any
Street 341 ROCK Creen Way	Street & Swan Way, Suite 333
City Pleasant Hill	City CAKLAND
State (1) ZIP Code + 4 94523	State (4) ZIP Code + 4 (99621)
5 Position in labor organization. Secretary TReas	utet
6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income
Name	
Trade Name, if any	-
P O Box, Bldg , Room No , if any	
Street	7 b Amount
	,
City 1	6
State, ZIP Code + 4	<u> </u>
Si	gnature
15 Signature and verification. The undersigned declares, under penalty submitted in this report (including the information contained in any accompa undersigned's knowledge and belief, true, correct, and complete. (See the	of Penury and other applicable penalties of the law, that all of the information nying documents), has been examined by the signatory and is, to the best of the section on penalties in the instructions)

Telephone Number

Name of Person Filing	File Number U-
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested	
8 Name and address of Business (including trade name, if any) Name OPE Welfare Fund Trade Name, if any McMullant Associates PO Box, Bidg, Room No, if any Street 2850 Giller any on Road City Livermore State CA ZIP Code + 4 94551	9 Business deals with a Labor Organization b Trust c Employer
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name OPE Welface Fund	Ottenbing Educational Conference Meals, tups & Parking Expenses
	attending Educational Conference
Trade Name, if any McMullan t Nesociates	mais, wips & factional expenses
P O Box, Bldg , Room No , if any	
Street 2850 Collies Carryon Road	11 b Approximate dollar value of such dealing
CHY LIVERINGTE	12 a Nature of interest held or income received
State Ch ZIP Code + 4 9VSS1	
	12 b Amount
	12 D Amount
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment
Name	
Trade Name, if any	
P O Box, Bldg , Room No , if any	, , , , , , , , , , , , , , , , , , , ,
Street	
City	
State ZIP Code + 4	
13 b Is the Business an Employer or Consultant?	14 b Amount of payment

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